

# ARTICLES OF ORGANIZATION

## DOMESTIC LIMITED LIABILITY COMPANY

Office of the Secretary of the State

30 Trinity Street/P.O. Box 150470 / Hartford, CT 06115-0470 / 11/06/2001

See reverse for instructions

Space for Office

FILING #0002764805 PG 01 OF 01 VOL B-00675  
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SECRETARY OF THE STATE  
CONNECTICUT SECRETARY OF THE STATE

**1. NAME OF THE LIMITED LIABILITY COMPANY.**

*Woodstock Counseling Services LLC*

**2. NATURE OF BUSINESS TO BE TRANSACTED OR THE PURPOSE TO BE PROMOTED OR CARRIED OUT:**

*To engage in any activity which is permitted under Connecticut statutes.*

**3. PRINCIPAL OFFICE ADDRESS:** (Provide complete address. See instructions for further details.)

*207 Route 169, Woodstock, CT 06281*

**4. APPOINTMENT OF STATUTORY AGENT FOR PROCESS:**

Name of agent:

*Christopher E Teehan  
Attorney at Law*

Business address: (P.O.Box is not acceptable)

*112 Main Street, Suite 4  
Putnam, CT 06260*

Residence address: (P.O.Box is not acceptable)

*98 Cooney Road, POB 225  
Pomfret Center, CT 06259*

Acceptance of appointment

Signature of agent

**5. MANAGEMENT:**

(Place a check mark next to the following statement *only* if it applies)

The management of the limited liability company shall be vested in one or more managers.

**6. MANAGER(S) OR MEMBER(S) INFORMATION**

| Name                    | Title         | Residence Address                            | Business Address                             |
|-------------------------|---------------|--|--|
| <i>Donald MacMillan</i> | <i>Member</i> | <i>207 Route 169<br/>Woodstock, CT 06281</i> | <i>207 Route 169<br/>Woodstock, CT 06281</i> |
|                         |               |  |  |
|                         |               |  |  |

**7. EXECUTION**

Dated this *8th* day of *July* 2004.

*Donald MacMillan*  
Print or type name of organizer

*Donald W. MacMillan*  
Signature

Reference and 8 x 11 attachment if additional space is required